

1750
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

SASAKI et al.

Application Number: 10/627,673

Filed: July 28, 2003

For: MEDICAL SUPPORT SYSTEM

ATTORNEY DOCKET NO. HIRA.0118

Art Unit 3626

**Examiner:
QAYYUM, ZESHAN**

**Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	3	(Over 20)	x \$50	0
Independent Claims	4	3	(Over 3)	x \$210	210.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	210.00

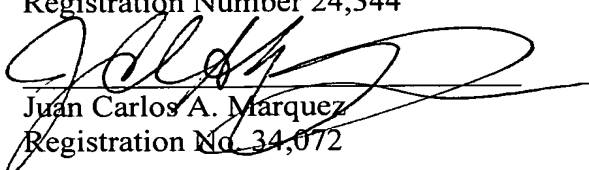
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response to Office Action
(with Claim Amendments) | <input type="checkbox"/> Petition for Extension of Time for ___ month |
| <input type="checkbox"/> Substitute Specification | <input type="checkbox"/> Substitute Abstract |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson w/ ___ sheets of
replacement drawings |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$210.00** to cover the excess claims fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
September 23, 2008



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

SASAKI et al.

Application Number: 10/627,673

Filed: July 28, 2003

For: MEDICAL SUPPORT SYSTEM

ATTORNEY DOCKET NO. HIRA.0118

Art Unit 3626

**Examiner:
QAYYUM, ZESHAN**

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

COVER LETTER

Sir:

☒ The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	3	(Over 20)	x \$50	0
Independent Claims	4	3	(Over 3)	x \$210	210.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	210.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

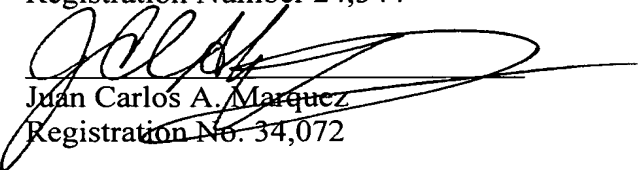
- ☒ Response to Office Action
(with Claim Amendments)
- ☐ Substitute Specification
- ☐ Preliminary Amendment
- ☐ Information Disclosure Statement

- ☐ Petition for Extension of Time for ___ month
- ☐ Substitute Abstract
- ☐ Letter to Draftsperson w/ ___ sheets of
replacement drawings
- ☐ Request for Continued Examination

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$210.00** to cover the excess claims fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
September 23, 2008